603 271 6316



## STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures
(RSA 664)
6-Month Report for
POLITICAL COMMITTEES
After 2006 General Election

I. Timothy	J. Barnes	Chairper	son, and I, _	Michael	P. Dennehy
(print name)	ublican State L	eadership	Committe	re - New Ha	impshire PAC
Committee, located at _	1400 K Styeet, (mailing address	NW, Suite	450, Wa (town/city)	shington, 1	OC 20005 (zip code)
which was registered fo	or the 2006 State Primar	v and General El	ection, do su	bmit the following	ng report of receipts and

which was registered for the 2006 State Primary and General Election, do submit the following report of receipts and expenditures.

## SUMMARY OF RECEIPTS AND EXPENDITURES 6-MONTH REPORT AFTER 2006 GENERAL ELECTION

Date of Report: May 7,2007	November 7, 2007			
1) Surplus or deficit brought forward from last re	<del>e</del> port	1)	s40.00	
2) Total of all receipts since last report if a defic brought forward from General Election	it was	2)	s	
3) Total of all expenditures since last report if a brought forward from General Election	surplus was	3)	s40.00	
4) Balance if SURPLUS  5) Polonce if DEFICIT		4) 5)	s+ -0- s0-	
5) Balance if <b>DEFICIT</b> Signature of Committee Chairman	Signature		easurer	

RSA 664:6,7. Any political committee which has any outstanding debt, obligation or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisfied or surplus deleted, at which time a final report shall be filed.

RECEIVED

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301 Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://www.sos.nh.gov email: elections@sos.state.nh.us

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NEW HAMPSHIRE SECRETARY OF STATE

TEMIZED RECEIPTS			1	Reporting	g period ending		2007	,
full Name of Contributor	Post Office Address	Amou		d	Aggregate* Contributions	is over \$100	list:	ate contribution
Alphabetical Order)		Contril	bution Rece	ived	to Date	Occupation	and	Place of Busines
		· · · · · · · · · · · · · · · · · · ·						
otal of receipts unitemized (\$2	25 or under) in this report \$							
Total of receipts unitemized (\$2					•			
		Amount	Date	***]	- ndicate to which el	ection expenditure app	lies	
		Amount of Expense	Date of Expense ***			ection expenditure appo		
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense						
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense	of Expense ***	Primary O O	O O	Nature of Expenditur		
ITEMIZED EXPENDITURES  Paid to Whom	S	of Expense	of Expense ***	Primary O O	O O	Nature of Expenditur		
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense	of Expense ***	O O O	O O	Nature of Expenditur		
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense	of Expense ***	Primary O O	O O	Nature of Expenditur		
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense	of Expense ***	O O O	O O	Nature of Expenditur		
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense	of Expense ***	SPrimary O O O O O	O O O	Nature of Expenditur		
ITEMIZED EXPENDITURES  Paid to Whom	S Post Office Address	of Expense	of Expense ***	SPrimary O O O O O O	O O O O	Nature of Expenditur		
Paid to Whom  Papublican State Lead  400 K St., NW Ste	S Post Office Address	of Expense #40.00 DC 20005	of Expense *** 12/21/06	O O O O O O O	O O O O O	Nature of Expenditur		

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